

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000039650

1. Entity Name

MAXIMIZING AUTOMOTIVE PROFITS, INC.



Principal Place of Business

**27509 SANTA ANITA BLVD
WESLEY CHAPEL FL 33544**

Mailing Address

**27509 SANTA ANITA BLVD
WESLEY CHAPEL FL 33544**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3445493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, KRISTOPHER E
307 SOUTH BOULEVARD, SUITE 3
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	WHEELER, DAVID S	
STREET ADDRESS	27509 SANTA ANITA BLVD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Add
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80029-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *David S. Wheeler* **DAVID S. WHEELER** **4/19/06** **813 244 5745**